

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

To be used for changes to registrations and terminations.

**Instructions**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

**FOR OFFICE USE ONLY**Postmark Date: 4/13/04

SUPP

04/29/04

**AMENDMENT****1040646**

1. NAME Cormier Maxine  
Last First MI
2. BUSINESS PHONE (225) 761-5007
3. BUSINESS ADDRESS P. O. Box 4625 Baton Rouge LA 70821  
Street and No. City State Zip
- MAILING ADDRESS same  
Street and No. City State Zip
4. EMPLOYER self-employed
5. EMPLOYER'S ADDRESS N/A  
Street and No. City State Zip
6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No X
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Friends of City ParkAddress 1 Palm Dr., New Orleans, LA 70124Business or purpose to protect interests of City Park☒ New RepresentationDoes this person pay you? Yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

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If No, who pays you? \_\_\_\_\_

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MENTAL REGISTRATION FORM

2. Name LA Independent Pharmacies Association, Inc.

Address P. O. Box 1561, Baton Rouge, LA 70821

Business or purpose association of independent pharmacists

☒ New Representation

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

3. Name LA Physical Therapy Association/Baton Rouge

Address 8550 United Plaza Blvd. Ste. 1001 Baton Rouge, LA 70809

Business or purpose association of Baton Rouge Physical Therapists

☒ New Representation

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

*Melvin Carmichael*  
Signature of Lobbyist

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Melvin Curran  
Signature of Lobbyist

# MENTAL REGISTRATION FORM



4. ☒ Name Publink, L.L.C.  
 Address 301 Main St. Baton Rouge, LA 70801  
 Business or purpose Governmental Relations Firm  
☒ New Representation  
 Does this person pay you? yes  
 If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

5. ☒ Name The Alchemind Group  
 Address 5518 Moss Side Lane Baton Rouge, LA 70808  
 Business or purpose Governmental Relations Firm  
☒ New Representation  
 Does this person pay you? Yes  
 If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

## CERTIFICATION OF ACCURACY

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Melvin Carmichael  
 Signature of Lobbyist

AMENDMENT

SUPPLEMENTAL REGISTRATION FORM



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Address 301 Main St. Baton Rouge, LA 70801  
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Does this person pay you? yes  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

5.  
xk Name The Alchemind Group  
Address 5518 Moss Side Lane Baton Rouge, LA 70808  
Business or purpose \_\_\_\_\_  
☒ New Representation  
Does this person pay you? Yes  
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Melvin Carmichael  
Signature of Lobbyist